

Reviewer: **Elsie Bradley** LO: **102** Date: **4/28/99** Serial No: **184297**

I certify all information in the database matched the information in the file and no corrections were required.

Elsie

INSTRUCTIONS: If the information in the database does not match the information in the file the reviewer should check the ERROR column. After correction (text editing), the EDITED column should be checked. RETAIN IN FILE WRAP.

SCREEN	ERROR	EDITED	ERROR FOUND DURING REVIEW REQUIRING AMENDMENT OF:	
AM			AM	Mark Type:
			AM	Register:
			AM	Mark: <input type="checkbox"/> MDC:
			AM	Amended Register: PR: SR:
			AM	Amended Reg. Date:
PY			PY	Owner: <input type="checkbox"/> Name:
			PY	<input type="checkbox"/> Citizenship:
			PY	<input type="checkbox"/> Entity Type:
			EN	<input type="checkbox"/> Entity Statement:
			DB	DBA/AKA/TA Statement:
			PY	Address: <input type="checkbox"/> Inter <input type="checkbox"/> City <input type="checkbox"/> State/Country <input type="checkbox"/> Zip
			NC	Assignment or Name Change:
			CO	Composed of:
CL			CL	International Class: U.S. Class:
			CL	First Use: First Use in Commerce:
			GS	Goods and Services:
			GS	
			GS	
			GS	
OTHER			D1	Disclaimer:
			DM	Description of Mark:
			LS	Lining and Stippling Statement:
			TR	Translation of Words in Mark:
			NO	Name/Portrait Description/Consent:
			TF	Section 2(f): <input type="checkbox"/> Entire Mark <input type="checkbox"/> In Part <input type="checkbox"/> Limitation Statement:
			AF	Use in Another Form:
			CS	Certification Statement:
			CU	Concurrent Use Statement:
			PR	Prior U.S. Registrations:
FN			DR	Domestic Representative:
			FN	Foreign Country of Origin:
			FN	Foreign Application No: Frgn. Appl. Filing Date:
			FN	Section 44(d): Y/N
			FN	Foreign Registration No: Frgn. Reg. Date:
			FN	Foreign Registration Expiration Date:
			FN	Foreign Renewal Reg. No: Frgn. Reg. Renewed:
			FN	Foreign Registration Renewed Expiration Date:
CD			AT	Attorney Name:
			CD	Correspondence: <input type="checkbox"/> Name <input type="checkbox"/> Inter St. Address <input type="checkbox"/> City/State/Zip
			DN	Attorney Docket Number:

Other: _____

I certify that all corrections have been entered in accordance with the above instructions and text editing guidelines.

Text Editor

Date